

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution – General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 9-24-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor prevailed** on the majority of the issues of medical necessity. Therefore, upon receipt of this Order and in accordance with §133.308(r)(9), the Commission hereby orders the respondent and non-prevailing party to **refund the requestor \$650.00** for the paid IRO fee. For the purposes of determining compliance with the order, the Commission will add 20 days to the date the order was deemed received as outlined on page one of this order.

In accordance with §413.031(e), it is a defense for the carrier if the carrier timely complies with the IRO decision.

CPT codes 62273-WP, 76375-WP, 93005-WP, 94760-WP and HCPC codes #J2000 and #J2765 were **found** to be medically necessary. CPT code 99354 **was not** found to be medically necessary. The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that medical necessity issues were not the only issues involved in the medical dispute to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On 12-16-04, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Per Rule 134.202(d), reimbursement shall be the least of the (1) MAR amount as established by this rule or, (2) the health care provider's usual and customary charge).

CPT code 72265-WP on 9-24-03 was denied as "V". These services were preauthorized, therefore this is an incorrect denial code. In accordance with Rule 134.600 (h) (4), the requestor provided a copy of the preauthorization letter dated 9-15-03 for CPT codes 72131 and 72265 for Lumbar Myelogram with CT. The carrier denied these sessions for unnecessary medical treatment based on a peer review. Rule 133.301 (a) states "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." **Per Rule 134.202(a)(e)(5)(c)(ii) recommend reimbursement in the amount of \$252.02.**

CPT code 72131 on 9-24-03 was denied as "V". These services were preauthorized, therefore this is an incorrect denial code. In accordance with Rule 134.600 (h) (4), the requestor provided a copy of the preauthorization letter dated 9-15-03 for CPT codes 72131 and 72265 for Lumbar Myelogram with CT. The carrier denied these sessions for unnecessary medical treatment based on a peer review. Rule

133.301 (a) states "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." Therefore, reimbursement is recommended in the amount of \$265 in accordance with Rule 134.600 (b)(1)(B). **Per Rule 134.202(a)(e)(5)(c)(ii) recommend reimbursement in the amount of \$364.24.**

Neither the carrier nor the requestor provided EOB's for CPT code 62284-WP for date of service 9-24-03. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). **Recommend reimbursement of \$301.88.**

CPT code 72265-26 on 9-30-03 was denied as "V". These services were preauthorized, therefore this is an incorrect denial code. In accordance with Rule 134.600 (h) (4), the requestor provided a copy of the preauthorization letter dated 9-15-03 for CPT codes 72131 and 72265 for Lumbar Myelogram with CT. The carrier denied these sessions for unnecessary medical treatment based on a peer review. Rule 133.301 (a) states "the insurance carrier shall not retrospectively review the medical necessity of a medical bill for treatments (s) and/or service (s) for which the health care provider has obtained preauthorization under Chapter 134 of this title." **Per Rule 134.202(a)(e)(5)(c)(ii) recommend reimbursement in the amount of \$35.43.**

Neither the carrier nor the requestor provided EOB's for CPT code 76003-26 for date of service 9-24-03 and 9-30-03. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). **Recommend reimbursement of \$70.86 (\$35.43 x 2 DOS).**

Neither the carrier nor the requestor provided EOB's for HCPCS code A4645 for dates of service 9-24-03 and 9-30-03. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). **Recommend reimbursement of \$200.00 (\$100.00 x 2 DOS).**

Neither the carrier nor the requestor provided EOB's for CPT code 71010-WP for date of service 9-24-03. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). **Recommend reimbursement of \$34.44.**

Neither the carrier nor the requestor provided EOB's for CPT code 72100-WP for date of service 9-24-03. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). **Recommend reimbursement of \$47.74.**

Neither the carrier nor the requestor provided EOB's for HCPCS code J3010 for date of service 9-24-03. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B). **Recommend reimbursement of \$.90.**

Neither the carrier nor the requestor provided EOB's for HCPS code J3360 for date of service 9-24-03. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B).
Recommend reimbursement of \$.96.

Neither the carrier nor the requestor provided EOB's for HCPS code J7040 for date of service 9-24-03. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B).
Recommend reimbursement of \$5.24.]

Neither the carrier nor the requestor provided EOB's for CPT code 01905 for date of service 9-24-03. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B).
Recommend reimbursement of \$400.00.

Neither the carrier nor the requestor provided EOB's for CPT code 93005 for date of service 9-30-03. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B).
Recommend reimbursement of \$21.78.

Neither the carrier nor the requestor provided EOB's for CPT code 94760 for date of service 9-30-03. The requestor submitted convincing evidence of carrier receipt of provider's request for an EOB in accordance with 133.307 (e)(2)(B). Respondent did not provide EOB's Per Rule 133.307(e)(3)(B).
Recommend reimbursement of \$3.05.

Pursuant to 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay for the unpaid medical fees:

- in accordance with Medicare program reimbursement methodologies for dates of service after August 1, 2003 per Commission Rule 134.202 (c) and 134.202(c)(6);
- plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order.

This Findings and Decision and Order is hereby issued this 8th day of February, 2005.

Donna Auby
Medical Dispute Resolution Officer
Medical Review Division

DA/da

Enclosure: IRO decision

December 30, 2004

TEXAS WORKERS COMP. COMMISSION
AUSTIN, TX 78744-1609

CLAIMANT:

EMPLOYEE:

POLICY: M5-05-0427-01

CLIENT TRACKING NUMBER: M5-05-0427-01/5278

AMENDED REVIEW 02/04/05

Medical Review Institute of America (MRIOA) has been certified by the Texas Department of Insurance as an Independent Review Organization (IRO). The Texas Workers Compensation Commission has assigned the above mentioned case to MRIOA for independent review in accordance with TWCC Rule 133 which provides for medical dispute resolution by an IRO.

MRIOA has performed an independent review of the case in question to determine if the adverse determination was appropriate. In performing this review all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed. Itemization of this information will follow.

The independent review was performed by a peer of the treating provider for this patient. The reviewer in this case is on the TWCC approved doctor list (ADL). The reviewer has signed a statement indicating they have no known conflicts of interest existing between themselves and the treating doctors/providers for the patient in question or any of the doctors/providers who reviewed the case prior to the referral to MRIOA for independent review.

Records Received:

Records Received from The State:

- Notification of IRO Assignment, dated 12/16/04 - 1 page
- Texas Workers' Compensation Commission Form, dated 12/16/04 - 5 pages
- TWCC-62 Explanation of Benefits, dated 09/24/03-09/30/04 - 6 pages

Records Received from the Requestor:

- Supplies List, dated 09/24/02 - 1 page
- Anesthesia Evaluation, dated 09/24/03 - 1 page
- Anesthesia Record, dated 09/24/03 - 1 page
- Recovery Record, undated - 1 page
- Lumbar Myelogram under IV Sedation Report, dated 09/24/03 - 2 pages
- Post Myelogram CT Scan of the Full Lumbar Spine From T12-L1 through L5-S1, dated 09/24/03 - 2 pages
- Chest (PA Single) and Lumbar Spine Series (SA, AP and Lateral, dated 09/24/03 - 1 page
- Lumber Epidural Blood Patch Treatment Under Monitor, dated 09/30/03 - 2 pages
- Peer Review, dated 02/13/03 - 4 pages

Summary of Treatment/Case History:

The claimant is a gentleman who allegedly suffered a work-related motor vehicle accident injury on _____. Subsequently he developed neck and low back pain.

Questions for Review:

Please advise medical necessity: CPT codes #62273-WP, #76375-WP, #93005-WP, #94760-WP, #99354, and HCPCS Codes #J2000 and #J2765 were denied by carrier for Medical Necessity with PEC V. Dates of service in dispute: 9/24/03, and 9/30/03.

Explanation of Findings:

The blood patch (#62273) is presumably a result of a postural puncture headache following the myelogram and was medically necessary. There is no indication of the necessity for the myelogram; however, if it was necessary; the post-myelogram CT scan with coronal and sagittal reconstructions was also necessary. Pulse oximetry was necessary for monitoring during conscious sedation. There is no indication that a diagnostic electrocardiogram (#93005) was necessary. The lidocaine was undoubtedly necessary for skin anesthesia for the invasive procedure. Metoclopramide was likely necessary for nausea and vomiting. There is no indication of what supplies were included in code #99070 or of the nature or necessity of the prolonged physician attendance (#99354).

Conclusion:

Question 1: Please advise medical necessity: CPT codes #62273-WP, #76375-WP, #93005-WP, #94760-WP, #99354, and HCPCS Codes #J2000 and #J2765 were denied by carrier for Medical Necessity with PEC V. Dates of service in dispute: 9/24/03, and 9/30/03.

Decision to Certify:

Certify codes #62273, #76375, #93005, #94760, #J2000 and #J2765.

Decision to Not Certify:

Do not certify code #99354.

Applicable Clinical of Scientific Criteria or Guidelines Applied in Arriving at Decision:

In order to be reimbursed, a service must meet all of the following criteria:

1. Must be adequately and completely documented in the medical record as having been done in accordance with the definition of the billed code in the A.M.A. Current Procedural Terminology.
2. Must be medically necessary for the claimant's clinical condition in compliance with accepted medical standards and specific selection criteria.
3. Must not be an included or incompatible code of any other code billed, according the Medicare National Correct Coding Initiative.
4. Must have been shown to be safe and effective treatment of the patient's condition by scientifically-valid evidence published in the reputable, peer-reviewed medical literature.

5. Must be in compliance will all restrictions and limitations of the patient's insurance contract

References Used in Support of Decision:

Physicians' Current Procedural Terminology, 2004. American Medical Association, 2004.

The physician providing this review is board certified in Anesthesiology. The reviewer holds additional certification in Pain Medicine from the American Board of Pain Medicine. The reviewer is a diplomate of the national board of medical examiners. The reviewer has served as a research associate in the department of physics at MIT. The reviewer has received his PhD in Physics from MIT. The reviewer is currently the chief of Anesthesiology at a local hospital and is the co-chairman of Anesthesiology at another area hospital. The reviewer has been in active practice since 1978.

MRloA is forwarding this decision by mail, and in the case of time sensitive matters by facsimile, a copy of this finding to the treating provider, payor and/or URA, patient and the TWCC.

It is the policy of Medical Review Institute of America to keep the names of its reviewing physicians confidential. Accordingly, the identity of the reviewing physician will only be released as required by state or federal regulations. If release of the review to a third party, including an insured and/or provider, is necessary, all applicable state and federal regulations must be followed.

Medical Review Institute of America retains qualified independent physician reviewers and clinical advisors who perform peer case reviews as requested by MRloA clients. These physician reviewers and clinical advisors are independent contractors who are credentialed in accordance with their particular specialties, the standards of the American Accreditation Health Care Commission (URAC), and/or other state and federal regulatory requirements.

The written opinions provided by MRloA represent the opinions of the physician reviewers and clinical advisors who reviewed the case. These case review opinions are provided in good faith, based on the medical records and information submitted to MRloA for review, the published scientific medical literature, and other relevant information such as that available through federal agencies, institutes and professional associations. Medical Review Institute of America assumes no liability for the opinions of its contracted physicians and/or clinician advisors. The health plan, organization or other party authorizing this case review agrees to hold MRloA harmless for any and all claims, which may arise as a result of this case review. The health plan, organization or other third party requesting or authorizing this review is responsible for policy interpretation and for the final determination made regarding coverage and/or eligibility for this case.

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